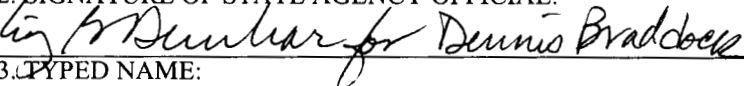


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 01-022	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2002 (\$45,450) b. FFY 2003 (\$62,418)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.18-A Pages 1 through 4a Attachment 4.1-C Pages 1 through 4a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.18-A Pages 1 through 3 Attachment 4.1-C Pages 1 through 3	
10. SUBJECT OF AMENDMENT: Emergency Room copay			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Social and Health Services Medical Assistance Administration 623 8 th St SE MS: 45500 Olympia, WA 98504-5500	
13. TYPED NAME: DENNIS BRADDOCK			
14. TITLE: Secretary			
15. DATE SUBMITTED: 12/14/01			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: DEC 17 2001		18. DATE APPROVED: DEC 27 2001	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 1 2002		20. SIGNATURE OF REGIONAL OFFICIAL: 151	
21. TYPED NAME: Teresa L. Trimble		22. TITLE: ASSOCIATE DIR. DIVISION	
23. REMARKS: RECEIVED 12/14 : Olympia (DATE) (CITY/STATE)			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service and Basis For Determination	Type of charge			Amount
	Deductible	Coinsurance	Copay	
1. Services received in a hospital emergency room that are not of an emergent nature.			X	\$3.00

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

B. The method used to collect cost sharing charges for categorically needy individuals:

X Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which an individual is identified to providers, is described below:

1. A categorically needy (CN) person receives a medical identification card identifying the person as receiving CN coverage.
2. When the person accesses medical services in a hospital emergency room, the person provides the medical identification card to staff at the emergency room.
3. After the provision of medically necessary treatment services, if the medical provider determines the need for medical services was non-emergent, the client is informed of the copay requirement.
4. The client may pay the copay or state they do not have funds available.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

1. The copay described in A is only for individuals over the age of eighteen who are not:
 - a. Pregnant;
 - b. Institutionalized; or
 - c. Enrolled in an HMO.
2. An emergency medical condition means the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to the individual's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

The \$3.00 copay is assessed only when the medical services received in a hospital emergency room are not included in the above definition.

3. The State will take the following steps to enforce exclusions from cost sharing:
 - a. Apprise providers via the Provider Numbered Memorandum;
 - b. Apprise Community Services Offices and Regions Offices;
 - c. Notify all clients via a one-time mailing;
 - d. Subsequently to the initial mailing, notify all clients through text in the Client Handbook. The Client Handbook provides information concerning client rights, including but not limited to:
 - How to contact MAA when a provider is not complying with regulations;
 - The client's right to receive medical services if they cannot afford the copay;
 - What the client should do when billed incorrectly;
 - What to do when the client wishes to challenge or appeal a bill for copay or for a denial of medical services.
 - e. MAA provider relations staff will work with individual providers to assure they understand and comply with these requirements.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

4. The hospital emergency room copayment of \$3.00 is not required if reasonable alternative access to care is not available. The state has sufficient reasonable alternative access to care as described on Attachment 4.18 – A, Page 4a.

E. Cumulative maximums on charges:

- X State policy does not provide for cumulative maximums.
Cumulative maximums have been established as described below:

N/A

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REASONABLE ALTERNATE ACCESS

COUNTY	FQHC's & RHC's	Other Providers	Hospitals	Total
Adams	7	18	3	28
Asotin	0	22	1	23
Benton	11	205	3	219
Chelan	7	67	3	77
Clallam	4	100	2	106
Clark	1	109	1	111
Columbia	2	14	1	17
Cowlitz	2	93	1	96
Douglas	8	8	1	17
Ferry	8	9	1	18
Franklin	11	70	1	82
Garfield	1	7	1	9
Grant	17	62	3	82
Grays Harbor	7	109	1	117
Island	10	53	1	64
Jefferson	1	46	1	48
King	39	1,725	19	1,783
Kitsap	9	215	1	225
Kittitas	0	28	1	29
Klickitat	3	24	1	28
Lewis	5	92	2	99
Lincoln	2	17	1	20
Mason	5	47	1	53
Okanogan	9	53	3	65
Pacific	3	41	2	46
Pend Oreille	8	15	1	24
Pierce	18	664	7	689
San Juan	2	13	0	15
Skagit	14	109	2	125
Skamania	2	3	1	6
Snohomish	31	378	4	413
Spokane	14	458	6	478
Stevens	6	27	2	35
Thurston	4	192	3	199
Wahkiakum	0	3	0	3
Walla Walla	11	1	2	14
Whatcom	6	7	1	14
Whitman	1	2	2	5
Yakima	9	8	5	22
TOTAL	298	153	92	543

TN# 01-022
Supersedes
TN -----

Approval Date:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

A. The following charges are imposed on the medically needy for services:

Service and Basis For Determination	Type of charge			Amount
	Deductible	Coinsurance	Copay	
1. Services received in a hospital emergency room that are not of an emergent nature.			X	\$3.00

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

B. The method used to collect cost sharing charges for medically needy individuals:

- X Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which an individual is identified to providers, is described below:

1. A medically needy (MN) person receives a medical identification card identifying the person as receiving MN coverage.
2. When the person accesses medical services in a hospital emergency room, the person provides the medical identification card to staff at the emergency room.
3. After the provision of medically necessary treatment services, if the medical provider determines the need for medical services was non-emergent, the client is informed of the copay requirement.
4. The client may pay the copay or state they do not have funds available.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

1. The copay described in A is only for individuals over the age of eighteen who are not:
 - a. Pregnant;
 - b. Institutionalized; or
 - c. Enrolled in an HMO.
2. An emergency medical condition means the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to the individual's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

The \$3.00 copay is assessed only when the medical services received in a hospital emergency room are not included in the above definition.

3. The State will take the following steps to enforce exclusions from cost sharing:
 - a. Apprise providers via the Provider Numbered Memorandum;
 - b. Apprise Community Services Offices and Regions Offices;
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 - e. MAA provider relations staff will work with individual providers to assure they understand and comply with these requirements.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

4. The hospital emergency room copayment of \$3.00 is not required if reasonable alternative access to care is not available. The state has sufficient reasonable alternative access to care as described on Attachment 4.18 – C, Pages 4a.

E. Cumulative Maximums on charges:

- ☒ State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

N/A

REASONABLE ALTERNATE ACCESS

COUNTY	FQHC's & RHC's	Other Providers	Hospitals	Total
Adams	7	18	3	28
Asotin	0	22	1	23
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